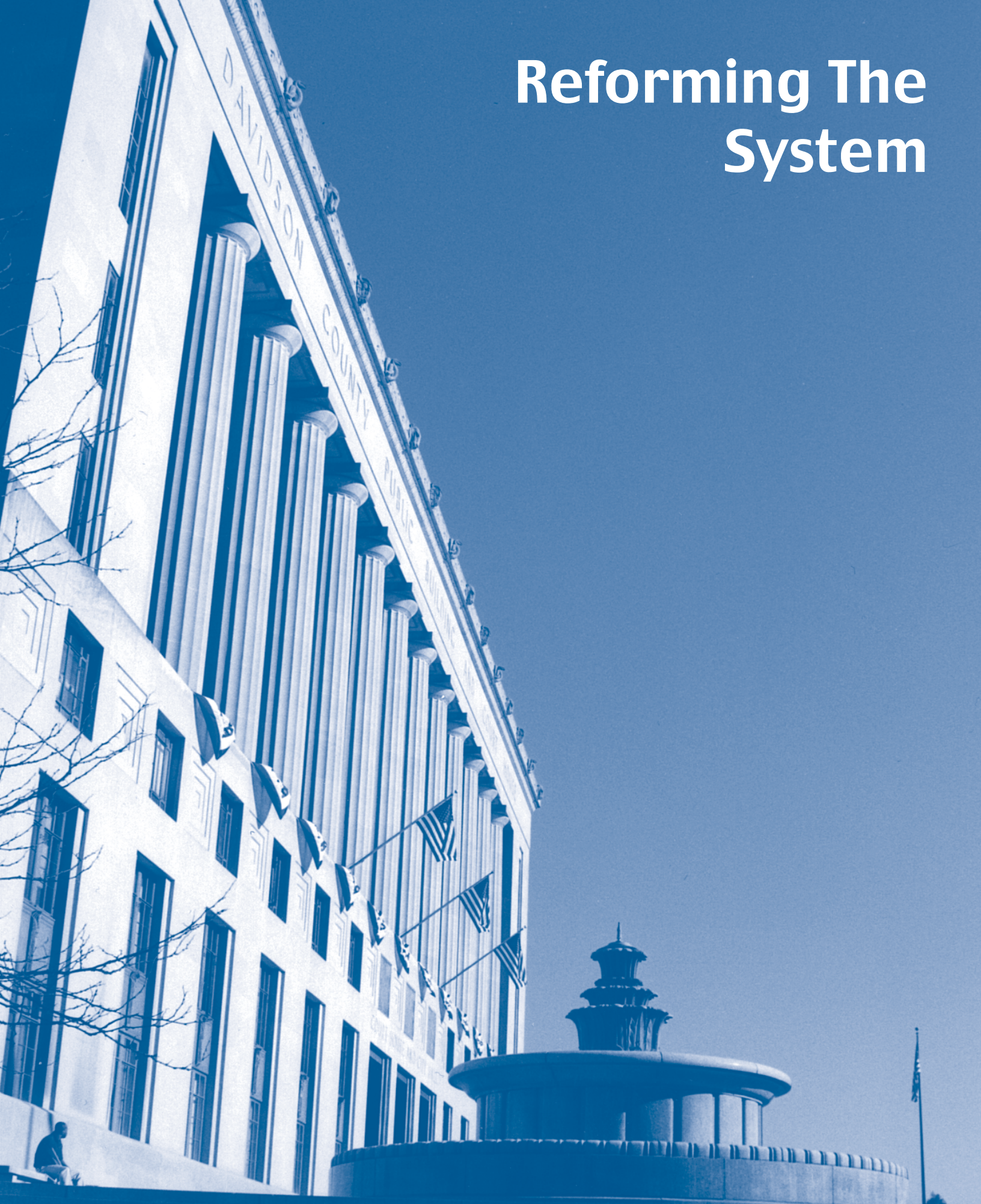


Reforming The System



Nearly two-thirds of Tennessee jails do not have any procedures to link mentally ill inmates to local mental health services after the inmates are released from jail.

And only one-third of jails provide alcohol or drug abuse therapy while inmates are behind bars.

These are just a few of the facts gathered by a TennCare Partners Roundtable subcommittee's Survey of County Jails (1998), sponsored by the Tennessee Mental Health Planning Council and Department of Mental Health and Developmental Disabilities (DMHDD).

To examine these issues the DMHDD's commissioner, Elisabeth Rukeyser, had a 25-member task force study the problems related to the mentally ill inmate population throughout the state.

The "Criminal Justice Task Force Report on Mental Health and Criminal Justice in Tennessee," published by the state in 2000, reported how the criminal justice and mental health systems operated in the state.

It is reported that in Tennessee, there are basically no standards that relate specifically to mental health services/treatment being provided to incarcerated persons. It is up to the county correctional facilities (jails) to be responsible for medical services. (Thus, it was deemed that educating the correctional officers on the fact that mental illness is a brain disorder and should be considered a medical need was recommended.)

"Even in these times of financial constraint, we can better address these issues by more adequately using the resources we have," said Rukeyser. "The important thing is to identify the people who have these special needs and to refer them where they can best be served."

Liz Ledbetter, the state criminal justice/mental health liaison for the Division of Mental Health Services, stated that each jail handles mental health needs differently. There is no consistency from one facility to another.

"Some jails do a very good job in assessing and providing medications for persons with mental health needs," Ledbetter said. "Some jails do little until the person requires an emergency evaluation, and then they contact the local crisis team. Very few jails provide mental health treatment or services to persons while they are in jail...some do provide medications."



Top: Inmates at the Davidson County Jail line up to go to dinner.

Above: The county houses 123 inmates requiring mental health treatment. Prisoners' cells are designed for their basic needs.

As noted by the task force report, budgets for county jails are approved through the governing body of each county's government and are seldom the priority. Many of the rural jails are not funded adequately to run on a daily basis, much less be able to purchase psychiatric treatment. Their ability to pay for expensive mental health services and medications is extremely limited. And billing TennCare for services is prohibited as long as an eligible member is incarcerated.

Ledbetter said that over the past few years there has been a genuine interest from the jails and the criminal justice system to get help with learning how best to work with persons with mental illnesses.

“I’m very encouraged that we are headed down the right road together,” Ledbetter said.

Since the creation of the task force and having the recommendations accepted by the commissioner, the Tennessee Mental Health Planning Council established the Criminal Justice/Mental Health Advisory Committee to oversee and implement the recommendations.

“The advisory committee has been meeting monthly since November 2000 and is concentrating on implementation of the recommendations,” Ledbetter said. “The current objective for the committee is to locate funding for the purpose of developing an extensive interdisciplinary training manual that can be promoted for use in both the criminal justice and mental health systems.”

So far, 13 criminal justice/mental health liaison pilot projects have been established. The projects are designed to work directly in 17 counties with the criminal justice and mental health systems. They are responsible for examining the issues affecting adults with mental illness who are incarcerated or who are at risk of becoming incarcerated. Additionally, the projects work toward facilitating communication/co-ordination between the two systems and the community; and to provide liaison and case management activities for adults with mental illness who are involved with the criminal justice system.

“The population that the liaisons are to target is adults with a serious mental illness,” Ledbetter said. “Of course, co-occurring disorders are included and the offenses are usually non-violent misdemeanor charges. But, they must make their own assessment to determine if they can be of assistance.”

The liaisons are responsible for providing training/education activities. These activities include mental health crisis management training to correctional officers, law enforcement officers and others on a statewide basis.

A long-range goal for the projects is to develop services that will assist with diverting persons from the criminal justice system into appropriate mental health services and community services.

“I believe, the department is off to a good start on examining the issues and facilitating activities to address those issues,” Ledbetter said. “I’ve been in the mental health field for a very long time and my experience has been that the two systems have seldom come to the table at one time. I believe we are beginning to do just that. But, we have a very long way to go before we are able to make a difference on behalf of persons with mental illnesses who are involved in the criminal justice system.”

Projects Developed in Relation to the Criminal Justice Task Force Recommendations

Criminal Justice/Mental Health Liaison Pilot Projects

- Establishing seven full time CJ/MH Liaison positions.

The CJ/MH liaison responsibilities include:

- Examining the issues affecting adults with mental illness who are incarcerated or who are at risk of becoming incarcerated.
- Facilitating communication/co-ordination between the criminal justice system, the mental health system and the community.
- Providing liaison and case management activities for adults with a mental illness and who are involved in the criminal justice system.

Targeted areas:

Counties with a population (1990 census) 50,000 to 150,000 and the likelihood of establishing or having established a cooperative relationship with the community criminal justice system.

| County/Area | Agency |
|--------------------------|-------------|
| Madison, Jackson | Pathways |
| Montgomery, Clarksville | Centerstone |
| Rutherford, Murfreesboro | Volunteer |
| Putnam, Cookeville | Volunteer |
| Bradley, Cleveland | Volunteer |
| Anderson, Oak Ridge | Ridgeview |
| Washington, Johnson City | Frontier |

Training projects

Contract with NAMI Tennessee to sponsor and coordinate with Tennessee Protection & Advocacy, three regional training sessions with community law enforcement personnel and other interested persons.

Contract with Volunteer Behavioral Health Systems to develop and conduct education and training activities on the criminal justice system for the CJ/MH Liaisons and mental health personnel. First CJ/MH Liaison training was completed in February 2001.

Other

The DMHDD criminal justice/mental health projects 23rd Judicial District CJ/MH Liaison:

Contract with Centerstone to provide services in Humphries, Houston, Stewart, Cheatham and Dickson counties.

Pre-trial diversion project:

Contract with Shelby County to provide staff to supervise and perform the activities of release coordinator, resources builder (housing), follow-up services and pre-trial diversion activities with the courts and public defenders office.

Other projects not funded through the DMHDD:

- Pre-trial mental health diversion program, Shelby County Government.
- Mental Health Court, Davidson County General Session Court (Byrne Grant).
- Forensic Assertive Community Team (FACT), Mental Health Cooperative (Byrne Grant).
- Position to perform case management and training activities in the Hamilton County correctional facility and to provide psychiatric services in the jail. This initiative was established over three years ago through the cooperative efforts of Hamilton County, Johnson Mental Health Center and Fortwood Center.

New projects funded for FY 01-02

CJ/MH liaison pilot projects:

Targeted the four urban areas in the state and the addition of one non-rural-non-urban county.

| Area | Agency |
|----------|---------------------------|
| Davidson | Mental Health Cooperative |
| Shelby | Shelby County Government |
| Knox | Helen Ross McNabb |
| Hamilton | Volunteer |
| Maury | Centerstone |

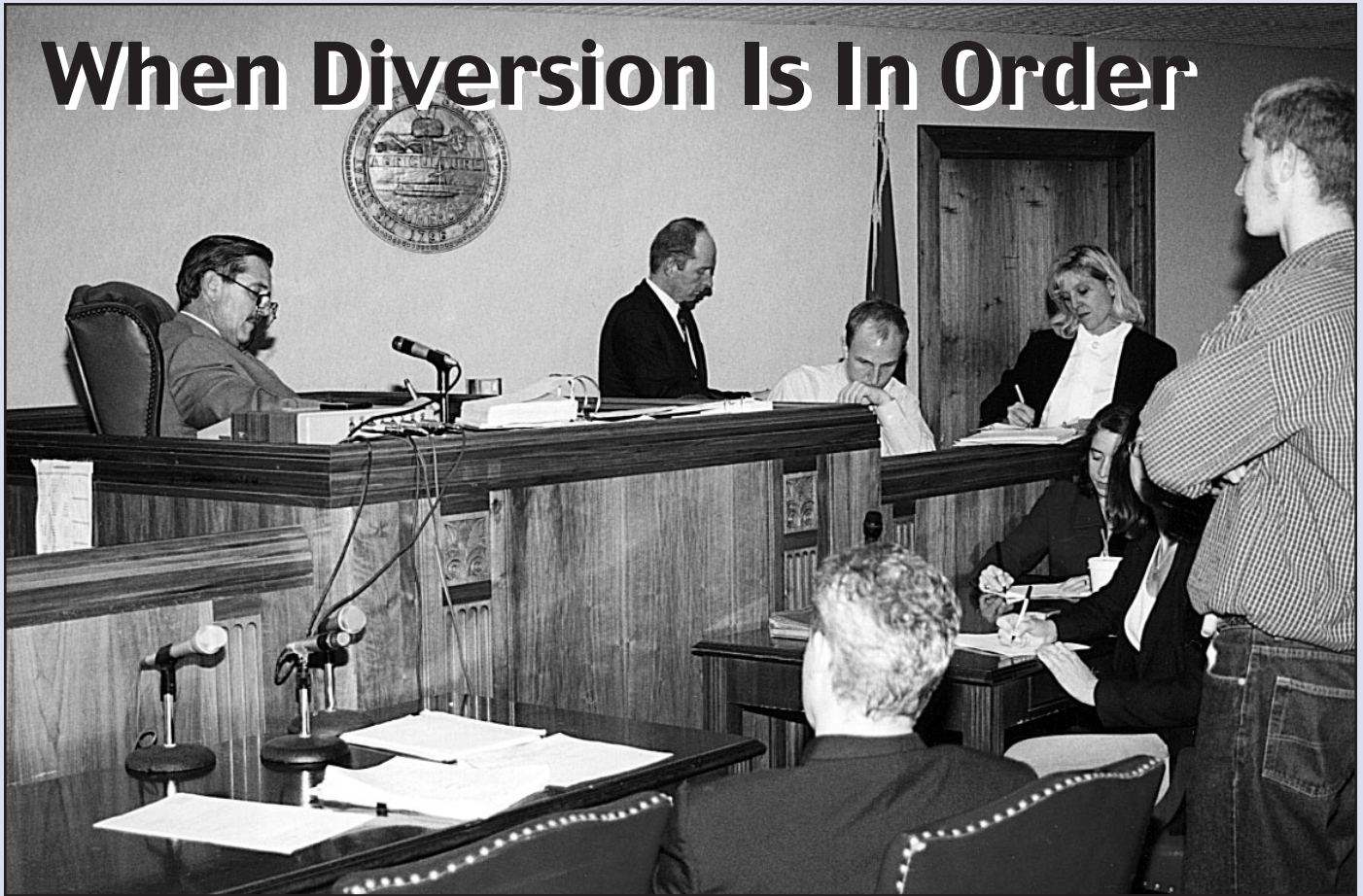
Training activities

Specific training activities have been added to the CJ/MH liaisons' scope of services. The training activities include training with Tennessee Correctional Institute staff and regional training on mental health crisis management for sheriff personnel and alternative transporting agents.

Volunteer to provide staff and resources to give technical assistance to the CJ/MH liaisons projects, assist with developing training modules and conduct training activities for mental health and criminal justice personnel.

If you have any questions or would like to discuss, please contact Liz Ledbetter at 615-741-9137 or e-mail: Liz.Ledbetter@state.tn.us

When Diversion Is In Order



Mental Health Court Is In Session: Judge Mark Fishburn presides over another round of hearings at Davidson County's Mental Health Court. The program was developed to help individuals, within the criminal justice system, overcome their illnesses and get back into society.

How to deal with people with mental illness within the criminal justice system? It's a daunting question. Obviously, a better understanding of those within the system is needed. Does it take better funding of correctional facilities and programs? Certainly. Do the counties need to place a greater emphasis on their facilities and the employees who deal with those requiring mental health assistance? Probably. But what is being done to help people while these questions are being debated?

Working to identify individuals entering the criminal justice system who suffer from mental illness, a program was started within Davidson County to meet some of the needs highlighted by the various task forces on the current system. This program, the Davidson County Mental Health Court, was established to develop effective intervention strategies by offering pre-custody diversion, expedited case review and appropriate treatment strategies upon release.

To be eligible for the system, defendants must be charged with and/or have pleaded guilty to a misdemeanor range offense. The offense has to be nonviolent and have an agreed order for diversion (signed by defense counsel and the state). Also, clinical assessment must be requested.

After obtaining informed consent, the individuals are briefed on the mental health court. Psychiatric, substance

abuse and medical histories are then gathered. A formal diagnosis is made and a recommendation is presented to the court.

The Mental Health Court has a multitude of individuals who handle treatment and procedures. These include: mental health professionals; A & D treatment professionals; housing specialists; community mental health center representatives; pre-trial services; probation staff; district attorneys; defense attorneys, clerks and judges.

The court philosophy and methodology is quite unique. The set up is non-traditional. Patient involvement is voluntary. And, the whole process is designed to be therapeutic.

Goals of the court are many, but essential. First and foremost is ensuring public safety. To do that, a focus on early identification, diversion and an initiation of appropriate treatment strategies is established. Monitoring of the treatment initiatives and removing the criminal stigma from mental illness are next.

What a fresh take on the criminal justice system.

Looking Out from Within:

How the Mental Health Court Turned My Life Around

Gregory Ford (right) and his caseworker, Nan Casey. Casey has been helping Ford combat his dual diagnosis and follow the court's assigned programs. "She takes the time to return my calls and be there when I need help."--Ford

By Gregory Ford

Three months ago, I didn't know how I was going to end up. Previously, my life was one long encounter with bad luck and the law. I thought of myself as some animal that everyone had given up on. In the end, the Mental Health Court was the one thing that saved me.

About nine years ago, I was released from a mental institution. My release was based upon me getting case management and a follow-up plan. Well, I acted so badly, because of my alcoholism and mental illness, that my psychiatric agency, in the county, wouldn't have anything to do with me. That's when I was first introduced to the Mental Health Court.

Twice a month I was taken to see the doctor. But, I was still drinking, getting into trouble and ruining things for myself. But the mental health court system stayed with me. My first case manager stuck by me. It was a wild ride...a rocky marriage, alcoholism, my mother died, cocaine addiction, a divorce, loss of custody of my daughter and unsurprisingly, a nervous breakdown. Then, God gave everyone a break for two years.

In 1996, I got sick. It was cancer. I ended up having a kidney removed, a collapsed lung and chemo on top of all that. Well, I started feeling sorry for myself and I took up with alcohol again. Heavy. From drinking, I turned to drugs. I became a dealer, hooked up with old "friends" and got back into cocaine.

Nashville

My case manager and the Mental Health Court came to my rescue and had me moved to Nashville. They introduced me to some people at the old Nashville Union Mission. Funny, the first night there I was beaten and robbed. What a great way to welcome me to the city.

From there, I was moved to various places. They took me to the doctor, but I was still drinking and fighting.

After three months, I was introduced to crack cocaine and fell in love with her. I had a job, but that lasted only a short while. I started selling crack and ended up having nothing. My apartment even got raided. Shortly thereafter, I left before they could evict me. That's when I started living on the streets.

"I, also, had some false pride and a sorry feeling for myself. But, I swallowed my pride and asked for some help."

— Gregory Ford



Judge Fishburn listens to a defendant's explanation as to why he flushed his ID card down the toilet. The Mental Health Court's procedures are designed to be therapeutic to allow for the best possible treatment of individuals.

Got a job at a car wash, but two hours after getting paid I was broke again. Started making fake crack and selling that. Did this for a year until I got so sick and run down that I had to straighten up or else.

The people at the Mental Health Court told me that I had to help myself if the help that they provided was going to make a difference. But I just couldn't get it.

Down and Down I Go

I had received an insurance settlement for \$10,000. I had \$2,000 in my pocket and a drug habit. I ran into some more bad people and let them stay with me. My house became known as "The Spot," a full-blown dope house. Every tramp, junky and whore ended up at my place. That lasted for six months.

One day in January, while I was dealing, I ran into a set-up. I ended up in the hospital with a shattered jaw, crushed throat, five hours of emergency therapy and many days in detox and the hospital. I'll never forget that terrible day.

After I was physically better, I was in a Foundations program. Almost completed that. Got high, and drank myself into a total relapse. I then ran another dope house. From there, I became totally insane and violent. I took to robbing and stealing. I was tempting fate on a daily basis. I was hunting people down in the projects, nearly beyond return. I couldn't even help myself. God was the only one who could save me...

An Awakening

I was finally arrested.

Recently, things have really changed for me. I was introduced to a program called "Phases," which the Mental Health Court got me into (Phases is a recovery house for people who have no support from a family or close friend. The program helps transition individuals and maintains a structured environment). I entered the program with nothing but a pair of shorts, a jail T-shirt, socks and orange shoes. I also had some false pride and a sorry feeling for myself. But, I swallowed my pride. And I asked for some help.

I asked a friend if I could borrow \$5 to wash my dirty clothes. He gave me \$20. I paid him back. I, then, asked to work for some cigarette money. So, I worked for two and a half days, in the hot sun, pulling grass, pruning and raking the hedge for \$20. I was proud of the money that I worked for and had pride in the job that I had done.

Well, I am wearing a sense of real pride today. I have a good job now and a good sponsor. I have new clothes and am clean and sober. I'm going to groups and outside meetings and some intensive outpatient sessions. I've even started meditating in the mornings. I'm not really good at reading and understanding the "Big Book," but I can go to those "Big Book" studies and hear them read and learn from the discussions.

Currently, I work at Phases doing construction-related jobs. I'm getting my meds, I have a great caseworker who listens to me and I'm getting treatment for my problems. I'm doing well, now. I believe I'm going to make it.